

The Commonwealth of Massachusetts

OFFICE OF THE DISTRICT ATTORNEY FOR THE NORFOLK DISTRICT Working in Cooperation with the Office of The Attorney General

SEND COMPLETED FORM TO:
Joanne M. Dalabon
Norfolk District Attorney's Office
Consumer Protection Unit
1515 Hancock Street
Quincy, MA 02169
Phone: (617) 769-6118
Fax: (617) 769-6101

Complaint # _____

Please print clearly. Form will be returned if illegible or incomplete.
Form cannot be processed without name, address & phone number of
both consumer and business. Please provide TWO copies of complaint.

Consumer Information

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: (____) _____

Work Phone: (____) _____

Email Address: _____

You are not required to answer but, are you 60 years or older?

Yes _____ No _____

Business/Complaint Against

Name: _____

Address: _____

City/State/Zip: _____

Phone: (____) _____

If you seek a reasonable accommodation in filing a complaint or with completing this form, please call (617) 727-2200.
If you wish to communicate via TTY service, please check here _____ or call (617) 727-0434.

May we send a copy of the complaint to the Company? _____

Product/Service involved: _____

Cost of product/service: _____ Amount paid to date: _____

Date of transaction: _____ Was a contract signed? _____

Have you complained directly to the company: in person _____ by phone _____ by letter _____

To whom: _____ Date: _____

What resolution do you seek? _____

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